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ABSTRACT

Intake and demographic data from 1,137 clients of a community outpatient clinic in Muncie, Indiana, also known as Middletown, U.S.A. in the Lynd and Lynd study (1937), were studied in relation to client-reported outcome variables: counseling outcome, evaluation of counselor, and willingness to return for counseling. Results of regression analyses indicated that intake data explained significant portions of variance in these three outcome factors. The nine predictor variables entering the regression equation for factor 1 (counseling outcome) accounted for a total of 76% of the variance of that factor, while 61% of the total variance of factor 2 (evaluation of counselor) was accounted for by four variables. The third factor (willingness to return to counseling) consisted of three items which accounted for 54% of its total variance. The variables of income, sex, and socioeconomic status were not found to be significantly related to the three outcome factors, while age, employment status, and educational level were all significantly related to at least one of the outcome factors. These results will assist in assessing the effectiveness and relative strengths and weaknesses of counseling clinics. (Author/BL)

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Counseling in Middletown, U.S.A.: Client Outcomes
as a Function of Demographic and Intake Variables

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Abstract

Intake and demographic data from 1,137 clients of a community outpatient clinic in Middletown, U. S. A. were studied in relation to client-reported outcome variables, 1) Counseling Outcome, 2) Evaluation of Counselor, and 3) Willingness to return for counseling. Regression analyses indicated that intake data explain significant portions of variance in these three outcome factors. The 9 predictor variables entering the regression equation for Factor I accounted for a total of 76% of the variance of that factor, while 61% of the total variance of Factor II was accounted for by 4 variables. The third factor consisted of three items which accounted for 54% of its total variance. The variables of income, sex, and socioeconomic status were not found to be significantly related to the three outcome factors, while age, employment status, and education level were all significantly related to at least one of the outcome factors. These results will prove to be valuable in assessing the effectiveness and relative strengths and weaknesses of the clinic facility as well as other similar clinics in order to continue to offer the highest quality services possible to the clientele served.

COUNSELING IN MIDDLETOWN, U.S.A: CLIENT OUTCOMES AS
A FUNCTION OF DEMOGRAPHIC AND INTAKE VARIABLES

The present study deals with factors of clients' satisfaction with counseling services provided, as functions of demographic and intake variables. The psychology clinic where the data was collected is in Muncie, Indiana, also known as Middletown, USA by Lynd and Lynd (1937).

Counseling and psychotherapy outcomes have been studied in relation to several classes of relevant variables which have included different intervention strategies (Bergin and Lambert, 1978; Flynn, Balch, Lewis, and Katz, 1981), client and presenting-problem variables (Garfield, 1978; Kirchner, 1981; Sue, 1976), and therapist variables (Parloff, Waskow and Wolfe, 1978). While psychotherapy clearly yields generally positive results compared to non-treatment, a conclusive understanding of these variables in relation to outcome remains to be achieved. Garfield (1978) cites the many difficulties inherent in assessing the outcome of therapeutic relationships in his review of the wide range of variables studied. Primary among these difficulties are the different methodologies used in the studies, as well as the small number of

clients in the samples represented in the current literature. These problems, of course, makes it difficult to compare results of studies due to the different approaches and definitions of outcome used. Garfield suggests that a more comprehensive, carefully planned, large scale and coordinated research effort be undertaken in order to help remediate these problems. These efforts will hopefully include standardized methodologies and operational definitions of terms used. In light of these criticisms, there is a continuing need "for studying more extensively the relationships among client characteristics, change techniques and the specific kinds of change that occur" (Bergin and Lambert, 1978, pg. 173), to use more representative client samples than college-student clients (Orlinsky and Howard, 1978), and to conduct more comprehensive, large-scale research projects in natural treatment settings (Garfield, 1978).

The need for studies such as these is echoed by Strupp (1978) in his concern for the increasing demands of accountability due to a higher frequency of third party paid psychological services. The need is stressed for psychologists to become more accountable with regard to their effectiveness as judged by the public,

the client, and the therapist. Studies which incorporate the suggestions made by Garfield would surely be included in this category and serve as a means toward this end.

With regard to client characteristics considered to be of importance in helping to account for outcomes, previous research has placed a heavy emphasis on the variables of social class, education level, age, sex and income level. Social class and income levels have generally been found not to relate significantly to outcome by Luborski, Chandler, Auerbach, Cohen, and Bachrach (1971) and by Kirchner (1981). Garfield (1978) cites a number of studies relating educational level to outcome, and reports finding a weak positive relationship although studies by Kirchner (1981) and others fail to find such a relationship. Similarly, previous studies have failed to discover a relationship between the sex and income level of the client as they relate to subsequent outcome. Support for the existence of a relationship does come, however, from studies relating various aspects of the therapeutic relationship to outcome. Generally, it has been found that the more positive the client viewed the relationship, the higher was their

perceived satisfaction level as evidenced by the studies of Silverman & Beech (1979) and Bene-Kociemba, Cotton & Fortgang, (1982).

The purpose of the present investigation was to study the relationship among client demographic and intake variables as they are related to client reported outcomes of counseling .

SUBJECTS

Subjects for the study consisted of 1,137 clients from the Ball State University Departmental Counseling Psychology Practicum clinic, who have been seen during the past two years. The clinic is a training site for masters and doctoral level students, and offers free counseling services to members of the Muncie community. The clientele of the clinic represent the entire spectrum of the community, both demographically and in terms of presenting problems. No students or other university related clients are seen at this facility.

Of the 1,137 , 746 or 66%, completed the Client Satisfaction Survey upon termination of counseling, and were included in the present study. The diversity and representativeness of the sample is indicated by the following demographic characteristics. The sample consisted of 35% male and 65% female clients, ranging

in age from 1 to 96 years, with a mean age of 24. Education level ranged from 8th grade to graduate school, with a median education level of 12th grade. The marital status of the sample was representative of the population served with 27% of the clients never having been married, 47% presently married, 21% separated or divorced, and 2% widowed. A full range of socioeconomic status and occupational areas were also represented in the sample; the median income was 15 thousand dollars a year, with occupations ranging from unemployed to blue collar to white collar and professional. Thus, this sample would appear to be larger and more representative of the general client population than samples used in many previous studies.

PROCEDURE

Data were obtained using standard procedures and data collection forms already used in the practicum clinic. Upon requesting counseling services, all clients complete an intake data sheet, which includes demographic data as well as information regarding presenting problems. In addition to the general demographics, the intake form contained information such as education level, employment status, yearly income, marital status, physical impairments,

medication used, prior counseling experience, urgency of problem and current reasons for seeking counseling. The reasons for seeking help included depression, anxiety, marital and/ or family problems, child or spouse abuse, guilt problems, occupational concerns, decision making problems, school related concerns, suicidal feelings, substance abuse, sexual concerns and an other category. Completion of this form is followed by an intake interview, after which clients are assigned to masters and doctoral level counselors-in training. Upon completion of counseling, and/or following each quarter, counselors complete a termination report which includes data regarding the duration and type of counseling used, the counselor's ratings of the client's improvement, problem areas worked on and disposition at time of termination. The listing of problem areas worked on is similar to those problems which are included on the intake form just reviewed. The condition of the client was rated from not treated, lower level of functioning, unimproved, improved in some areas, generally higher level of functioning, to fully functioning. The types of therapy used were chosen from a list of available modalities including individual, group, family or marital therapy,

or co-therapy, vocational counseling , use of relaxation tapes, testing, play therapy and a category labeled ' other'. As some clients are seen over the course of more than one quarter, only the last termination report submitted for each client was included in the analyses. Finally, clients are also asked to complete a 16 item Client Satisfaction Survey, addressing such topics as their reaction to counseling, the extent to which they solved their problems and their willingness to return for future counseling.

DESIGN AND ANALYSIS

Data from these three instruments were used in a multiple regression design to evaluate the relationships between demographic and termination variables, and client reported outcomes. Initially, the Client Satisfaction Survey was factor analyzed to reduce the number of variables and identify its major dimensions. The resulting factors were then regressed on demographic intake and termination variables, using a stepwise multiple regression.

RESULTS

The results obtained from the analysis will be presented in two parts, the first dealing with the factor analysis of the Client Satisfaction Survey, and

the second with the results of the step-wise regression of predictors on satisfaction.

The client satisfaction survey consisted of a 16 item questionnaire, completed by the client upon the termination of counseling. Questions addressed various aspects of their evaluation of the counseling process. Clients responded by circling a response ranging from 1-5, where 1 was a negative reaction and 5 very positive response. All 16 items were initially entered into a common factor analysis with orthogonal varimax rotation. The Kaiser criterion of eigenvalues greater than 1.00 $[(\lambda > 1.00)]$ was used to select the number of factors. This yielded a four factor solution which accounted for a total of 58% of the common variance in the correlation matrix. Items were assigned to factors on which they had the highest loading in excess of .45. Upon inspection of the rotated factor matrix items were assigned to factors.

The first three factors had at least two items on each, with a single item comprising the fourth factor. To avoid a single item factor, this last item was, instead, assigned to factor three, on which it also had a moderate loading. This resulted in three factors identifying three dimensions of client perceived

outcome which were labeled as follows: Factor I. Counseling outcome, consisting of six items; Factor II. Evaluation of Counselor, consisting of 5 items; and Factor III. Willingness to return for counseling, using 3 items. Two of the original 16 items did not load on any factors and were dropped from subsequent analyses. Based on this factor structure, scale scores for each of the three were constructed by a simple summation of item responses. The resulting scale sum scores became the criterion variables for the main regression analysis.

The second and primary analysis involved the regression of each outcome variable on intake and termination variables. In the initial regressions all of the available demographic, intake, and termination variables were entered. Stepwise procedures were used to select the predictors which explained significant and unique portions of the criterion variance. Separate regressions were performed for each outcome factor.

For the outcome factor 1, 9 predictor variables entered the equation yielding a multiple R of .87, accounting for 76% of the variance in the factor dealing with the client's perceived outcome of counseling. The higher the score on this factor, the

more positive they were about the help they received. The first two variables that entered the equation were: 1) employment status, with a negative beta weight, indicating that higher outcome scores were associated with being employed at the time of intake; 2) Age, also with a negative beta weight, thus a younger individual was more satisfied with the outcome of counseling than someone who was older. Together, these two accounted for 36% of the criterion variance. Of the remaining seven variables entered in this equation five were positively related to outcome and the remaining two were negatively related. Those clients who received co-therapy, individual therapy and marital therapy as the primary mode of intervention were more satisfied with the outcome as compared to other modes (e.g. group, family, vocational or other types). Those who had a higher level of education, as well as those clients whose primary presenting problem was listed as guilt by the intake counselor also reported more favorable therapeutic outcomes. Clients indicating a primary presenting problem that involved family relationships and those believed to be functioning at lower levels upon termination by the counselor, also reported less satisfaction with the

counseling experience. With all of these factors entered, a total of 75% of the variance on the criterion was accounted for.

In the step-wise regression on the second factor, evaluation of the counselor, 4 variables were entered. Clients who received individual therapy perceived their counselor more positively as did those who were employed at time of termination. Those individuals with less education and those who terminated therapy with no referral to other agencies also viewed the counselor more positively. All four of these variables accounted for 61% of the variance on the factor of counselor evaluation.

The final factor, willingness to return to counseling, had three variables of significance. Once again employment status was important; those who were employed were more willing to return to the clinic for counseling. Those who received individual therapy were also more likely to state that they would return. The final factor indicated that the lower the general education level of the client, the greater he/she would be likely to return to the clinic. These three factors accounted for 54% of the total variance on the factor called willingness to return.

In conclusion, the results of this study have yielded general agreement with the literature on client variables and perceived client outcome. Variables previously investigated were found to not be related to outcome such as income, sex and socioeconomic status. Alternatively, age, employment status and educational level were all found to be significantly related to at least one of the satisfaction factors. From this preliminary study, it is hoped that additional research into determinants of client perceived outcome will be pursued. Additional implications are held for the training of the counselors at the clinic in that the relative satisfaction, as rated by the clients seen, is a function in many cases of the initial presenting problem, and the mode of therapy utilized in the intervention. Additional training may concentrate on those modes yielding less than satisfactory outcomes while analyses of strengths of modes yielding more satisfactory results may be assessed.

It is hoped that this is a beginning of a continuing effort on the part of the clinic to maintain and improve its effectiveness in providing effective, high-quality psychological services to the people in the Muncie community, as well as serve as a guide to similar facilities.

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